

Arkansas State Board of Nursing



Online Application for Licensure/Certification Training

Last Revision: April 4, 2016



Information in this presentation is intended for the purpose of providing training for program directors and faculty that teach in Arkansas nursing programs.

This presentation is not intended for distribution to students, applicants or graduates but information may be used in your discussion and training.

Licensure Process



Difference between the state application and
NCLEX® Examination Candidate Bulletin.

**Please stress the difference between the state
application and the NCLEX.**



Applications for Licensure

State Application

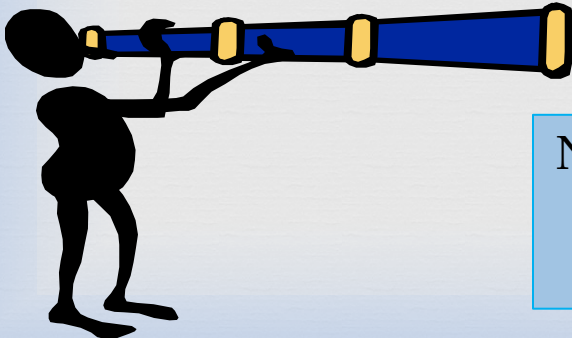
- ❖ ASBN online application system up to two months prior to completion of program.
- ❖ Must register with the testing service.
- ❖ Fee paid for in the online system.

NCLEX® Application

- ❖ Register with the testing service: (Pearson VUE)
www.ncsbn.org...NCL EX
Exam...Before the
Exam...Candidate Bulletin &
Information
Or www.pearsonvue.com/nclex
- ❖ Fee paid to testing service.

School Program Codes are online

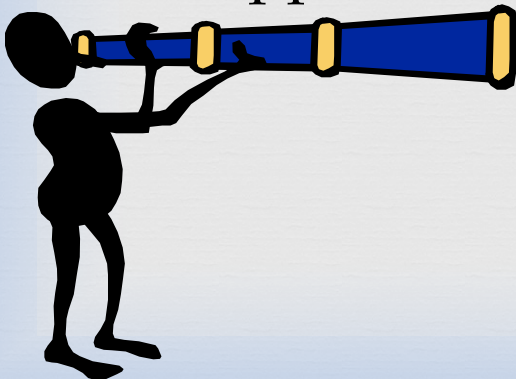
Note: This training session focuses
on the Arkansas State Licensure
Application Process



Applications for Licensure



- ❖ Provide social security number when registering with testing service, otherwise state processing may be delayed.
- ❖ Authorization to Test (ATT) sent **after** both state application and national registration completed.



Arkansas State Licensure Application: Why are we on line?



- ∞ Streamline application processing.
- ∞ Reduce processing time.
- ∞ Increase accuracy.
- ∞ Going Green.
- ∞ Ability to provide status updates.

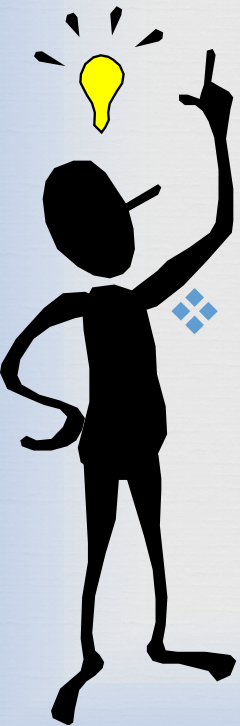


Online Application System: State Application Process



- ❖ Applicants may complete the online application **two months** prior to completion of the nursing education program(no refunds if applicant does not pass nursing education program successfully).

- ❖ Applicants may complete the application at school as a group or independently.

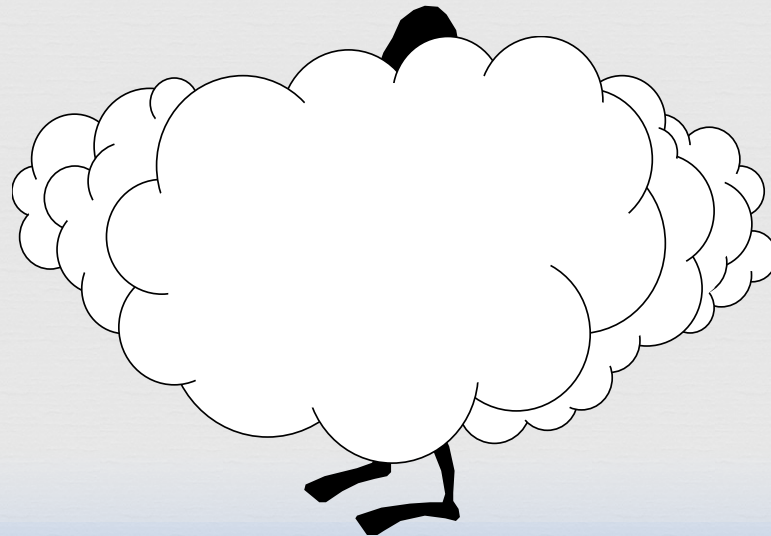


Online Application System



How does an applicant gain access to
the online application system ?

www.arsbn.org



ARSNB Smart Search

[Services](#) [Agencies/People](#) [All](#)

Search for Services

The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

Photo Gallery



10.16.2013
ASBN Centennial Celebration, White County Medical Ctr., Searcy, Oct. 16, 2013

[View Gallery >](#)

09.26.2013
ASBN Centennial Celebration, Northwest Health, Bentonville, Sept. 26, 2013

[View Gallery >](#)

6.0 Contact Hours—Click here to view the schedule and to register

Lighting the Way for the Future of Nursing 2014 ASBN Continuing Education Workshop

2014 Dates & Locations

February 20*Baptist Health Schools, Little Rock***September 18***Southern Arkansas University, Magnolia***November 13***Northwest Arkansas Community College, Bentonville*

1 2 3 4

Online Services

APPLICATION

- Advanced Practice - Initial
- Advanced Practice - Endorsement from another state
- Advanced Practice - Prescriptive Authority - Initial
- Advanced Practice - Prescriptive Authority - Endorsement from another state
- Endorsement from another state
- Examination (other than Advanced Practice)

Important Information

- Calendar of Events
- Faith A. Fields Nursing Scholarship Loan Application - PDF
- Nurse Faculty Loan Repayment Program (NFLP)
- *ASBN Update*
- Medication Assistants
- Continuing Education Information

**ASBN CE WORKSHOP
REGISTRATION -
Lighting the Way for the
Future of Nursing**

Press Releases

GOV. BEEBE APPOINTS TWO NEW MEMBERS TO THE ARKANSAS STATE BOARD OF NURSING

January 16, 2014 - Gov. Mike Beebe recently appointed two new members to the Arkansas State Board of Nursing. They are: Ramonda Housh, of Pocahontas, is a certified pediatric nurse practitioner,... [More](#)

[More News Releases](#)

Videos

Board of Nursing Complaint Process: Investigation to Resolution

[Applications](#)

Arkansas State Board of Nursing

[Home](#)[About Us](#)[Laws & Rules](#)[Education](#)[Discipline](#)[Publications](#)[Licensing](#)[Forms](#)[Adv. Practice](#)[Compact](#) [Go](#)[Contact Us](#)

Licensing

- [Address Change](#)
- [Criminal Background Frequently Asked Questions - PDF](#)
- [Criminal Background Information - PDF](#)
- [Duplicate License](#)
- [Duplicate License Application - PDF](#)
- [Endorsement](#)
- [Examination](#)
- [Fees](#)
- [License Renewal](#)
- [Nurse Status Watch](#)
- [PN Equivalency Licensure Examination Application - PDF](#)
- [Roster Download](#)
- [Verification Information & Registry Search](#)

Access[Home](#) > [Licensing](#)

Licensing

The *Nurse Practice Act* requires that any person practicing as a registered nurse, advanced practice nurse, registered nurse practitioner, or nurse anesthetist must be licensed by the Arkansas State Board of Nursing.

The *Nurse Practice Act* also requires that all nurses renew their licenses to avoid their licenses to lapse. Renewal requires a request, payment of the renewal fee, and completion of continuing education.

Nurses who do not renew are in good standing as long as they do not practice nursing in Arkansas, but must meet all requirements when reactivating license.

Temporary permits may be issued to Arkansas licensed nurses who are graduates of a nursing program. This permit allows a nurse to practice between graduation and receipt of results of the first examination for which the licensee is eligible. Temporary permits may be issued to qualified RN and LPN endorsement applicants holding current licensure in other states.

RNs and LPNs holding a license from a compact state which is their primary state of residence may practice nursing in Arkansas.

- [Cardless Licensure Frequently Asked Questions - PDF](#)
- [Criminal Background Frequently Asked Questions - PDF](#)

If applicant clicks on the Licensing tab, it will progress to this screen, then click on the Examination link

Forms

- Order Duplicate License Online
- Purchase Publications and Wall Certificates Online!

Home > Forms

Forms

Online Services

APPLICATION

Instructions for
within the online

- Endorsement Application
- Examination Application
- Examination Rewrite Application
- License Renewal
- PN Equivalency Licensure Examination Application

OTHER ONLINE SERVICES

- Address Change
- Check the Status of Application
- Order Duplicate License Online
- Purchase Publications and Wall Certificates

PDFs

Applications

Check Application
Status

If applicant clicks on the Forms tab, it will progress to this screen, then click on the Examination Application link.

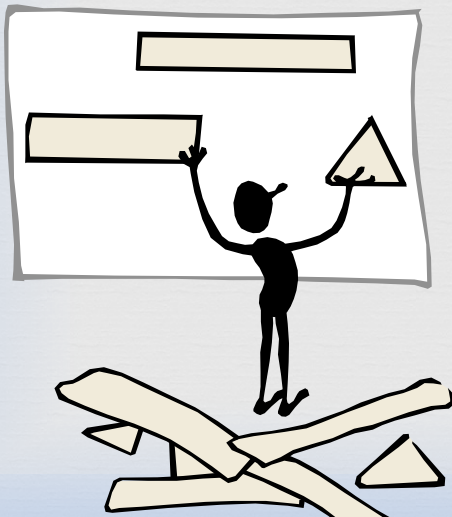
Where are the instructions?



Initial instructions are located on the website,
Examination page.

Full application instructions are located throughout the
online application system.

**Important Note:
READ INSTRUCTIONS
thoroughly & carefully!!**



Arkansas State Board of Nursing

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Need Help? Request assistance online or Call 1-877-727-EGOV

Application for Licensure/Certification

Welcome to the Arkansas State Board of Nursing online application system. This section is for new licenses/certificates only and NOT FOR RENEWAL. If you are applying for one of the following licenses/certificates, you may use the online system.

- NCLEX® exam candidates (RN, LPN, LPN equivalency - U.S. educated only)
- Endorsement from another state (RN, LPN/LVN, LPTN, APN)
- Advanced Practice Nurse (APN) - initial (ANP, CRNA, CNS, CNM)
- Prescriptive Authority
- Retired license (RN, LPN, LPTN, ANP, CRNA, CNS, CNM)
- Refresher course temporary permit
- Medication Assistant

The following applications cannot be completed online. Click

- NCLEX examination - Internationally educated (RN, LPN)
- Diabetes Self Management Educator

[Click here for current fees.](#)

The accepted payment method is with a credit card (Visa, MasterCard, or Discover) or an echeck. If paying by echeck you will need the account number and bank routing number. **All fees are nonrefundable.**

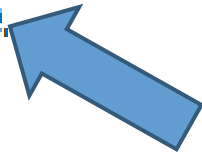

A response is required for each question within this application including a valid email address. In order to avoid delays in the application process, read each question carefully and provide accurate information. Upon completion of the application process, you will be able to review and edit the information you entered. This will be followed by a receipt screen which should be printed as proof of payment. **NOTE:** Falsification or omission of information may be used by the Board as a basis for denial of licensure/certification or disciplinary action.

[Continue »](#)

Screen shot of initial page of the online application system: Please note that the following screen shots are examples and does not represent the entire application.

General Instructions

- Complete the online application by entering information in each field. After completing all fields on a page click the "Continue" button to advance to the next page. If you need to change information entered in a previous step, click the "Back" button.
- No application is complete until all required documentation and fees are received. Incomplete applications become null and void one year from date received.
- If you are required to submit any documents by mail, please attach a cover page. Click [here](#) for the cover page.
- Notify the Board of any change in name or address.
- Complete all fields and check for accuracy prior to submission.
- A Social Security Number is required for licensure.
- A physical address is required and must be your current address.
- If you have ever held any other license or certificate (e.g., nursing, marriage license or court action).
- Click [here](#) for a Change of Name form.
- **All fees are nonrefundable.**
- You may verify licensure status on the ASBN Registry Search. A plastic license card will be mailed to the mailing address on file approximately two months after your license has been issued.



Screen shot of general instructions within the online application system: there are embedded hyperlinks that the applicant can click on to access certain information.

All fields are required unless labeled as optional. When you are finished entering your information, click the "Continue" button to proceed.



ARKANSAS STATE BOARD OF NURSING
ONLINE APPLICATION
ADDITIONAL DOCUMENTS COVER PAGE

NAME: _____

Date of Birth: _____ Social Security Number: _____

Type of Application Submitted (check all that apply)

- ☐ APN (CRNA, ANP, CNS, CNM)
- ☐ Endorsement (RN, LPN, LPTN)
- ☐ Exam (RN, LPN, LPN Equivalency)
- ☐ Prescriptive Authority
- ☐ Refresher Course Temporary Permit
- ☐ Retired Nurse (APN, RN, LPN, LPTN)
- ☐ Medication Assistant - Certified (MA-C)

Cover Page for submission of Criminal
Background Documentation

Applicant is able to print from within the online application system
AND they are able to print the form from the notification email they
will receive after application submission.

General Information

First Name:

Middle Name: (Optional)

Last Name:

Suffix: (Optional)

Maiden: (Optional)

Social Security No.:

Date of Birth: mm/dd/yyyy

Birth City:

Birth State:

Birth Country:

Gender:

Ethnicity:

Eye Color:

Hair Color:

Height:

Weight (pounds, 50-499 lbs):

Physical Address:

City:

State:

Zip Code:

Is mailing address the same as physical? ☐

Mailing Address:

City:

State:

Zip Code:

Daytime Phone Number:

Email Address:

Applicant enters
information in data field
and uses drop down
options.

Select the type of license or certificate you wish to apply for:

- ☐ LPN (Licensed Practical Nurse)
- ☐ LPN equivalency
- ☐ LPTN (Licensed Psychiatric Technician Nurse)
- ☐ RN (Registered Nurse)
- ☐ APN (Advanced Practice Nurse)
- ☐ MA-C (Medication Assistant - Certified)
- ☐ Prescriptive Authority
- ☐ Refresher Course Temporary Permit
- ☐ Retired Nurse



Applicant
clicks on
application
type

Have you ever held this license/certificate type in Arkansas?

- ☐ No ☐ Yes

[Click here for a Change of Name form.](#)

- **All fees are nonrefundable.**
 - You may verify licensure status on the [ASBN Registry Search](#). A plastic license card will be mailed to the mailing address on file approximately two months after your license has been issued.
- Zip Code is a required field.
 - Code in Mailing Address is a required field.
 - Daytime Phone Number is a required field.
 - Email Address is a required field.
 - Verify Email Address is a required field.
 - SSN is a required field.

An applicant is not able to progress if required data fields are left blank.

All fields are required unless labeled as optional. When you are finished entering your information, click the "Continue" button to proceed.

General Information

First Name:	<input type="text" value="karen"/>
Middle Name: (Optional)	<input type="text"/>
Last Name:	<input type="text" value="mccumpsey"/>
Suffix: (Optional)	<input type="text" value="Select One"/>
Maiden: (Optional)	<input type="text"/>
Social Security No.:	<input type="text" value=" _ _ _ _ _ _ _ _ _ "/>
Date of Birth: mm/dd/yyyy	<input type="text" value="05/12/1972"/>
Birth City:	<input type="text" value="Ir"/>


Arkansas State Board of Nursing



[Home](#) | [About Us](#) | [Laws & Rules](#)

Begin typing name of program in first field
and choose program from list

[Practice](#) | [Compact](#)

 [Contact Us](#)

Need Help? Request assistance online or Call 1-877-727-EGOV

All fields are required unless labeled as optional. When you are finished entering your information, click the "Continue" button to proceed.

Education History / Questions

Name of Educational Program:

Select One

Program Code:

Other Program Name:

Location of Program: City and State

Country of Program:

United States

Type of Program:

Select One

Date Entered Program: mm/yyyy

Date Completed/Graduated: mm/dd/yyyy

Program
code is auto
populated

[Add Another Program](#) | [Remove Previous Program](#)

- **Verify that the above Name of Educational Program is accurate before continuing.**

« Back

Continue »

An applicant should recheck
what they have entered in
order to be sure it is the
correct nursing education
program..



[Need Help?](#) Request assistance online or Call 1-877-7

Please answer all of the following questions.

Personal History

Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?
DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.)

☐ No ☐ Yes

Have you ever had any license, certificate, or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?

☐ No ☐ Yes

Are you currently under investigation in any state or jurisdiction?

☐ No ☐ Yes

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and or alcohol that would affect your functional abilities to perform while working as a nurse?

☐ No ☐ Yes

In the past two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? (If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

☐ No ☐ Yes

Screening questions

[« Back](#)

[Continue »](#)

Need Help? Request assistance online or Call 1-877-727-EGOV

Please answer all of the following questions.

Personal History

Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction? DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.)

☐ No ☒ Yes

Have you ever had any license, certificate, or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?

☐ No ☐ Yes

Are you currently under investigation in any state or jurisdiction?

☐ No ☐ Yes

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and or alcohol that would affect your functional abilities to perform while working as a nurse?

☐ No ☐ Yes

In the past two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? (If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

☐ No ☐ Yes

You answered "YES" to one or more of the above questions. You must submit a letter of explanation and a certified copy (no faxed copies) of all pertinent records (court, military, treatment, other boards of nursing, etc.). Send to Arkansas State Board of Nursing, Attn: Education Department 1123 S. University Ave., Suite 800, Little Rock, AR 72204

Eligibility to test, licenses, certifications, and temporary permits will not be issued until all documents are received in the Board office and reviewed by staff. If additional information is needed, you will be contacted.

Positive responses
receive additional
information

Need Help? Request assistance online or Call 1-877-727-EGOV

- Do you currently engage in drug-related behavior... is a required field.

Please answer all of the following questions.

Personal History

Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction? DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.)

☒ No ☐ Yes

Have you ever had any license, certificate, or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?

☒ No ☐ Yes

Are you currently under investigation in any state or jurisdiction?

☒ No ☐ Yes

Omitted questions are
identified

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and or alcohol that would affect your functional abilities to perform while working as a nurse?

☐ No ☐ Yes

In the past two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? (If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

☒ No ☐ Yes

« Back

Continue »

New License Applicants - Instructions:


- Arkansas law requires applicants for licensure by examination or endorsement to submit a State and federal criminal background check. If an applicant has pleaded guilty, nolo contendere to any offense listed in ACA §17-87-312, he/she is not eligible for Arkansas licensure. ACA §17-87-312 provides opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.
- You must use the fingerprint card provided by ASBN. Background checks conducted by any other agency will not be accepted.
- Criminal background checks may take 2-3 weeks to be processed. If criminal background checks are older than twelve (12) months, they must be repeated.
- State and federal criminal background results must be received by the Board office prior to issuance of a license.
- Do not, under any circumstance, contact the Arkansas State Police about the status of your criminal background check.**
- Licenses are renewed on a staggered biennial birth date system. The first license may be valid from 91 days to 2 years depending upon applicant's date of birth.

All fields are required unless labeled as optional. When you are finished entering your information, click the "Continue" button to proceed.

For RN, LPN, LPTN or APRN Applicants

Application for licensure by:

- ☐ Exam (Exam is checked if applicant is applying as an NCLEX® exam candidates: RN, LPN, LPN equivalency or Initial APRN-U.S. educated only)
- ☐ Endorsement (Endorsement is checked if applicant is already licensed in another state or jurisdiction as an APRN, RN, LPN, LPTN and is applying for licensure in Arkansas)



Applicant identifies
examination and temporary
permit request.

Do you wish to request a temporary permit?

- ☐ No
- ☐ Yes

Have you ever been licensed as a nurse in Arkansas or in any other state, territory or country?

- ☐ No
- ☐ Yes

« Back

Continue »

All fields are required unless labeled as optional. When you are finished entering your information, click the "Continue" button to proceed.

For RN, LPN, LPTN or APRN Applicants

Application for licensure by:

- ☒ Exam (Exam is checked if applicant is applying as an NCLEX® exam candidates: RN, LPN, LPN equivalency or Initial APRN-U.S. educated only)
- ☐ Endorsement (Endorsement is checked if applicant is already licensed in another state or jurisdiction as an APRN, RN, LPN, LPTN and is applying for licensure in Arkansas)

Do you wish to request a temporary permit?

- ☒ No
- ☐ Yes

Have you ever been licensed as a nurse in Arkansas or in any other state, territory or country?

- ☐ No
- ☒ Yes

State of Original Licensure:

Choose State ▼

Year: yyyy

License Type:

License Number:

Name Licensed Issued Under:

State(s) Hold Additional Licenses:

If already an LPN
enter information

« Back

Continue »

NCLEX Applicants:

- Applications should be submitted approximately two (2) weeks before graduation.
- Fee for the application is \$75.00 and an additional \$25.00 for the temporary permit.
- Temporary permits are only issued within 90 days of program completion and cannot be reissued.
- Temporary permits are not issued until all required documentation is received from the testing vendor (Pearson Vue).
- Official transcripts with the degree posted must be sent directly to the testing vendor.
- The educational program will provide an NCLEX Candidate Bulletin. If you are a nursing graduate, you may obtain the bulletin by contacting ASBN at 800-445-4454. Bulletin options are available for a fee of \$200.00:
 - Registration by mail with a certified check, cashier's check, or money order.
 - Registration by phone with Visa, Mastercard, or American Express.
 - Registration on the web with Visa, Mastercard, or American Express.
- Students should register for NCLEX with the testing vendor, [Pearson Vue](#) before graduation. This registration must be complete before a temporary permit will be issued.
- The nursing program from which you are graduating from should provide you with the school's five digit program code (required field). This code can also be found in the [NCLEX Candidate Bulletin](#).
- Please provide your social security number to the testing vendor (Pearson Vue) in order to speed up the process of issuing a temporary permit.
- The testing vendor (Pearson Vue) will issue your Authorization to Test (ATT) and send you information for scheduling your examination session.
- Before your application can be processed, your program director must confirm you have completed the nursing program. Upon submission of your online application to ASBN, your program director will be electronically notified that your application is waiting for approval. Approval by the program director is done electronically and cannot be completed until after graduation.
- If you graduated from a nursing program outside of Arkansas, your program director must complete a paper form and mail it directly to the Arkansas Board of Nursing. For a copy of the form click [here](#).
- If your primary state of residence is a compact state; you must apply for licensure in your primary state of residence or in a non-compact state. If your primary state of residence is Arkansas or a non-compact state, you may apply for licensure in Arkansas.
- DEFINITION of primary state of residence: the state of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as a proof of primary state of residence; driver's license, voter registration card, and federal income tax return.
- For a list of compact states, click [here](#).
- If special accommodations are required, click [here](#) for instructions.
- If you have taken NCLEX for this license type in another state you must submit a copy of all past NCLEX results and have your nursing program send an official transcript.

Screen shot of NCLEX information instructions within the online application system: there are embedded hyperlinks that the applicant can click on to access certain information.







If applicant registers for Pearson Vue now, they need to be sure to complete the ASBN state application as well

[Home](#) > [Test Taker Services](#) > **NCLEX**

The NCLEX® Examination

Under the guidance of its membership, the National Council of State Boards of Nursing, Inc. (NCSBN®) develops and administers two national nurse licensure examinations; the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). These two examinations are used by the Boards of Nursing to test entry-level nursing competence of candidates for licensure as Registered Nurses and as Licensed Practical/Vocational Nurses. The NCLEX examinations are provided exclusively as computerized adaptive tests.

Downloads

- [2012 NCLEX® Examination Candidate Bulletin](#)  (1.2 MB pdf)
- [2012 NCLEX® Examination Candidate Bulletin At-A-Glance](#)  (836 KB pdf)
- [2012 NCLEX® International and U.S. Educational Program Codes](#)  (950 KB pdf)
- [2012 NCLEX® State/Territory Abbreviations and International Country Codes](#)  (1.1 MB pdf)
- [Online Tutorial for NCLEX® Examinations](#)  (57.1 MB exe)
Please note that the tutorial is the same for both the NCLEX-RN and NCLEX-PN examinations with the exception that the exam time will reflect the correct time allotted for the exam type.
- [Palm Vein FAQ for NCLEX® Candidates](#)  (232 KB pdf)

Registration

1. Submit an application for licensure to the board of nursing where you wish to be licensed.
2. Meet all of the board of nursing's eligibility requirements to take the NCLEX Examination.
3. [Register and pay](#) for the NCLEX examination with Pearson VUE.
4. Receive eligibility from your board of nursing.

[Contact Us](#) | [FAQs](#)

[Test Program Solutions](#)

[Become a Test Center](#)

NCLEX Website



[Register](#)



[Schedule a Test](#)



[Reschedule a Test](#)



[Unschedule a Test](#)



[My Account](#)



[Customer Service](#)

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Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

SPECIAL ACCOMMODATION INFORMATION FOR NCLEX® EXAM

SPECIAL ACCOMMODATION INFORMATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, the Arkansas State Board of Nursing (ASBN) provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or the National Council Licensure Examination for Practical Nurses (NCLEX-PN®).

Disability is defined in the American Disability Act with respect to an individual as a "physical or mental impairment that substantially limits one or more of the major life activities... or being regarded as having such an impairment." Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, thinking, learning, reading, concentrating, thinking, communicating, and working.

Hyperlink to form

GENERAL INFORMATION

An applicant that is requesting special accommodations for testing shall provide all required documentation to the Arkansas State Board of Nursing (ASBN).

To facilitate review of the request, an applicant should submit the request form and required documentation at the onset of the application process and prior to registration for the National Council Licensure Examination (NCLEX®). A decision regarding a special accommodation request may be delayed in the event that additional documentation is needed for verification and subsequently applicant testing may be delayed.

Once ASBN has received all of the required documents, including the Special Accommodation Request Form, Professional Documentation of Disability Form, and the Nursing Program Verification Form, the request will be reviewed and the applicant will be notified regarding the decision.

Do not schedule an appointment to take the NCLEX until receipt of confirmation from ASBN that special accommodations have been approved. For additional information refer to the NCLEX Examination Candidate Bulletin at www.ncsbn.org, regarding Testing Accommodations.

TESTING CENTERS

An approved applicant for special testing accommodations must schedule through the NCLEX Accommodations Coordinator via the phone number identified on the Authorization To Test (ATT) letter. No walk in testing is permitted.

Review Information

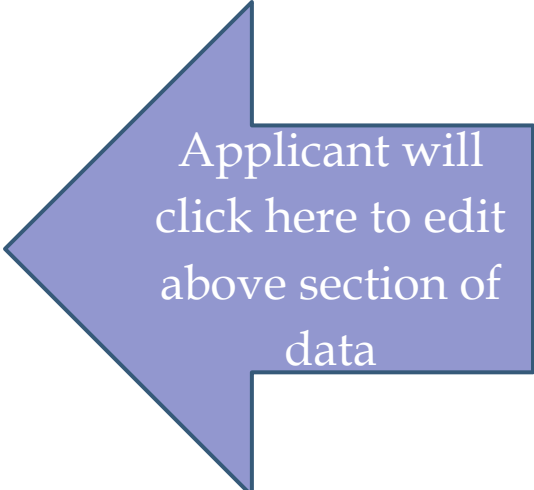
Personal Information

First Name:	karen
Middle Name:	
Last Name:	mccumpsey
Suffix:	
Maiden:	
Social Security No.:	***_**_.9999
Date of Birth:	02/04/1973
Birth City:	lr
Birth State:	AR
Birth Country:	United States
Gender:	Female
Ethnicity:	Native American
Eye Color:	Black
Hair Color:	Black
Height:	5'05
Weight (pounds):	51
Physical Address:	1123 south university
City:	little rock
State:	AR
Code:	72206
Mailing Address:	1123 south university
City:	little rock
State:	AR
Code:	72206
Daytime Phone Number:	777-777-7777
Email Address:	kmccumpsey@arsbn.org
Primary State of Residence:	Arkansas
Nearest Relative Name:	mom
Nearest Relative Phone:	555-555-5555

[Edit Personal Information](#)

License Type Information

Select the type of license or certificate you wish to apply for:



Applicant will
click here to edit
above section of
data

Do you wish to request a temporary permit?

No

Have you ever been licensed as a nurse in any other state, territory or country?

No

Edit

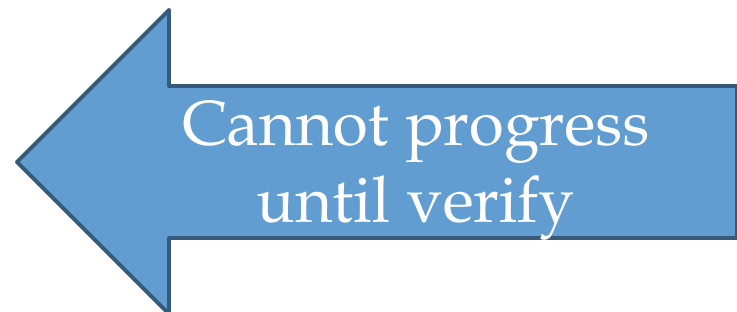
For RN and LPN Applicants by Exam

Have you ever taken NCLEX for this license type in Arkansas or another state?

No

Edit

☐ **Alert: Verify that all above information is accurate.**



« Back

Continue »

Go to Criminal Background Check or Add Another License

Criminal Background Check

A state and federal Criminal Background Check is required to complete your application if you do not already have one on file with the Arkansas State Board of Nursing within the last 12 months of this application. An additional fee of \$35.00 is required for the Criminal Background Check and is paid for within the online application system.

Background checks from other agencies are not accepted.

☐ Click here if you have current Criminal Background Checks on file with the Board of Nursing within the last 12 months of this application. It is not necessary to complete another background check at this time. **Do NOT click this box if you have not had a Criminal Background Check conducted; instead, read the following information then click the Next button below to progress to the Background Information.**

1. Print and accurately follow the Arkansas and FBI Criminal Background Checks Instructions.

***IMPORTANT:** Click [HERE](#) for instructions. Instructions must be printed in order to accurately follow the steps for submission.

2. You must use the fingerprint card provided by Arkansas State Board of Nursing. Background checks conducted by any other agency will not be accepted.
3. Nursing education program directors will furnish the fingerprint card to recent graduates.
4. If you are not a recent graduate, you **MUST request that a fingerprint card is sent to you by mail** since the fingerprint card will not be automatically mailed.

***IMPORTANT:** Click [HERE](#) to request that a fingerprint card is mailed to you for you to complete.

5. Upon payment completion you will receive an INA Search ID located on your payment receipt. Print the INA Search ID in the designated area (identified in instructions that you printed from #1 above) on the fingerprint card provided by the Arkansas State Board of Nursing.
6. **DO NOT** mail the fingerprint card to the Arkansas State Board of Nursing (it will be returned to you and this will delay processing).

***IMPORTANT:** Follow the instructions that you printed from #1 above, regarding how to accurately complete and mail the fingerprint card.

The completed fingerprint card **MUST** be mailed to:

Arkansas State Police
Criminal Background Check
1 State Police Plaza Drive
Little Rock AR 72209

Add Another License (Only For Advanced Practice Registered Nurse (APRN) Endorsement)

Note: For an APRN Endorsement applicant that would also like to apply for a Registered Nurse license, **If you do not need to add another license click the next button.**

Add Another License

Next

Check only if applicable, Otherwise leave blank and click "NEXT"

Stress

Applicants from Arkansas nursing education programs should obtain the Fingerprint card from the nursing program.

Criminal Background Check

Welcome to the Criminal Background Check System. The following fields are required to process your request:

Asterisk(*) indicates required field.

☒ Check here to indicate that you understand that your personal information and fingerprints will be used to search against criminal identification records from both the Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). Further, that you give consent for the conduction of Arkansas and FBI criminal background checks and release of

Applicant will have to ready and check to verify each statement

☒ If you elect to challenge the accuracy of the criminal history record information below, and it must be done prior to issuance or reinstatement of license. Applicant may challenge an Arkansas criminal history record: Contact Arkansas Crime Information Center (ACIC) at 501.682.7444 or Arkansas State Police at 501.618.8000. For a copy of an FBI criminal history record: Contact U. S. Department of Justice Order rules allow the subject of an FBI record to request a copy of his/her own record. The FBI website for information about record review and challenge: <http://www.fbi.gov/about-us/cjis/identify-history-summary-checks/challenge-of-an-identity-history-summary>

Signature Electronic signature verifying consent

*First Name

Middle Name

*Last Name

*Date of Birth
(mm/dd/yyyy)

*Driver's License State of
Issuance

Arkansas



https://dev.ark.org/cbcsearch/index.php?sessionId=e01db7eb51e80fd155291e7b6a9a86dd8f62c2b8&first_name=karen&middle_name=&last_name=mc

File Edit View Favorites Tools Help

Google Search More >>

Favorites Suggested Sites Free Hotmail Gmail Email from Google Search.Net Connecting Sout... The Computer Works - Inter... The Computer Works.NET

Stat... NCS... NCS... Ark... Ark... NCS... NCS... NCS... NCS... Ark... Ark... GL S... A.. X

[Home >](#)

Criminal Background Check

Welcome to the Criminal Background Check System. The following fields are required to process your request:

☐ I consent to the following Criminal Back Ground Check and the requesting agency's review of my results.

Asterisk(*) indicates required field.

*First Name

Middle Name

*Last Name

*Date of Birth
(mm/dd/yyyy)

*Driver's License Number

*Social Security Number
(123-45-6789)

*State of Birth

State Application: Applicant
MUST check the consent box
in order to progress.

[Home](#) >

Criminal Background Check

Welcome to the Criminal Background Check System. The following fields are required to process your request:

☒ I consent to the following Criminal Back Ground Check and the requesting agency's review of my results.

Asterisk(*) indicates required field.

*First Name

Middle Name

*Last Name

*Date of Birth

(mm/dd/yyyy)

*Driver's License Number

*Social Security Number

(123-45-6789)

*State of Birth



Arkansas State Board of Nursing

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Need Help? Request assistance online or Call 1-877-727-EGOV

Payment Summary

List of items you will be paying for:

- Criminal Background fee (\$38.50)
- LPN (Licensed Practical Nurse) (\$75)
- Temporary Permit (\$25)

I wish to:

[Pay Now](#)

Applicant should check
to be sure payment
summary is accurate.

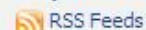
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Stay Informed



Arkansas State Board of Nursing
University Tower Bldg.
1123 South University
Suite 800
Little Rock, AR 72204-1619
[Google Map](#)
Phone: 501-686-2700
Fax: 501-686-2714

[Home](#) >**Please enter credit card information.**

All fields are Required.

Name
(as it appears on the card)Billing Address Country City State ZIP/Postal Code Credit Card Type Credit Card Number
(no dashes or spaces)Expiration Date CVV Number: What is CVV? Phone Number
(000) 000-0000**Payment Summary**

Payment Due: \$138.50

Arkansas.gov Total: **\$141.08**

The total amount will be adjusted to allow for the electronic processing of the transaction.

< Back

Confirm >

[Home](#) >

Confirm your payment information and click **SUBMIT** button to complete your transaction and charge your account.

Your Payment is NOT COMPLETE until you choose **SUBMIT**.

Payment Summary

Payment Due: \$138.50

Arkansas.gov Total: \$141.08

Payment Status: **Incomplete**

Name on card: karen

Billing Address: 123 k

Ir, AR 72204

UNITED STATES

Card number: *****9999

Expiration: 5/2012

Phone Number: 7777777777

[< Back](#)

SUBMIT

Arkansas State Board of Nursing

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Need Help? Request assistance online or Call 1-877-727-EGOV

Thank you. Your payment is complete.

Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Application types:

LPN (Licensed Practical Nurse), Temporary Permit

[Print Payment Summary](#)

Payment Summary

Amount Paid: \$138.50

Payment Status: **Complete**

Order Date/Time: 05/29/2012 03:59:43 PM

Confirmation Number (Order Id): 20120529155912535

Name on card: karen

Email Address: kmccumpsey@arsbn.org

Phone Number: 7777777777

Billing Address: 123 k

Ir, AR 72204

US

INA Search ID: BON000000404

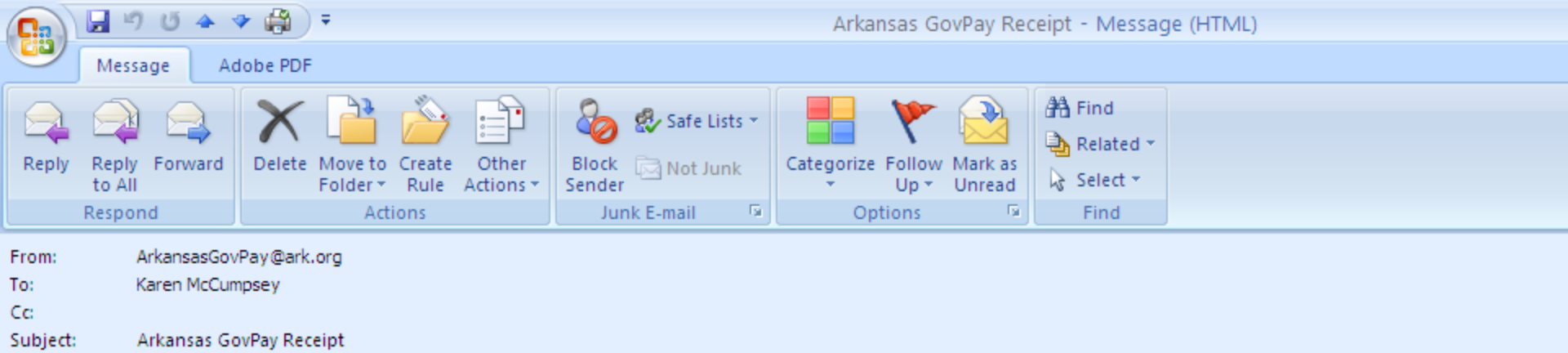
ID for Federal
background
check



ArkansasGovPay@ark.org

Arkansas GovPay Receipt

Thank you. Your payment is complete. You
be charged by Arkansas GovPay - Arkansas



Thank you. Your payment is complete.
Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Application types:

LPN (Licensed Practical Nurse), Temporary Permit

Payment Summary

Amount Paid:	\$138.50
Payment Status:	Complete
Order Date/Time:	05/29/2012 03:59:43 PM
Confirmation Number (Order Id):	20120529155912535
Name on card:	karen
Email Address:	kmccumpsey@arsbn.org
Phone Number:	7777777777
Billing Address:	123 k, lr, AR 72204, US
INA Search ID:	BON000000404

Applicant receives two
automatic notification emails

The applicant receives:
Arkansas Gov Pay

From: ASBN <noreply@ark.org>
To: Karen McCumpsey
Cc:
Subject: Automatic Acknowledgment of Online Application

Sent: Tue 3/18/2014 7:49

ARKANSAS STATE BOARD OF NURSING

AUTOMATIC ACKNOWLEDGMENT OF ONLINE APPLICATION

Thank you for completing the online application for licensure/certification. Your application has been received.



Remember to submit all required additional documents. Include a completed cover page with these documents. [Click here](#) to print the cover page. Your application will not be processed until all required documents are received.

ASBN processes applications in as timely a manner as possible once all required items are received.

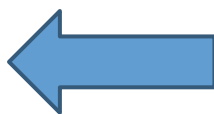
You may check the status of your online application by accessing the ["Check Status of Application"](#) link.

Based on the volume of applications, the status link will continue to reflect "New" until ASBN is processing your application. The status link is manually updated once your application is processed and only as there is additional or new information that ASBN needs to provide to you. You may also access this link at www.arsbn.org, from the homepage, click on ["Check Status of Application"](#) under Online Services. ["Check Status of Application"](#) is where information is posted regarding your application.

CBC Instructions (if applicable):

- You must use the fingerprint card provided by ASBN. Background checks conducted by any other agency will not be accepted.
- Upon payment completion you will receive an INA Search ID located on your payment receipt. Print the INA Search ID in the designated area on the fingerprint card provided by the Board of Nursing.
- The fingerprint card should be mailed to:

Arkansas State Police
Criminal Background Check
1 State Police Plaza Drive
Little Rock AR 72209



The Applicant receives:
ASBN Automatic
Acknowledgement of application
submission

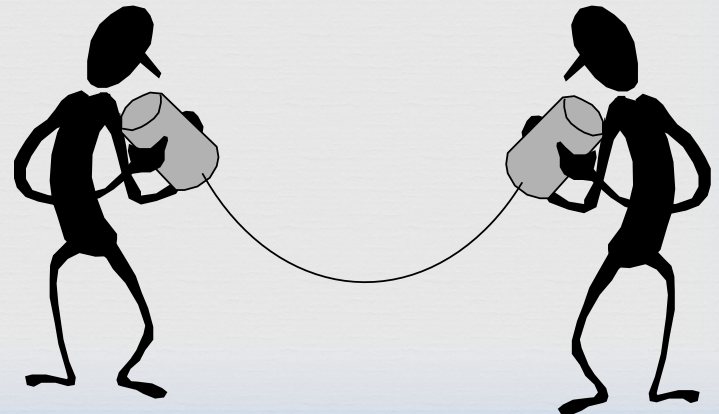
[Click here](#) to set the password (if you want to track the status of your application).

NOTE: This e-mail was automatically generated. Please do not respond to this e-mail address; it comes from our automated alert system, which is not monitored for responses.

What does the graduate need to know?



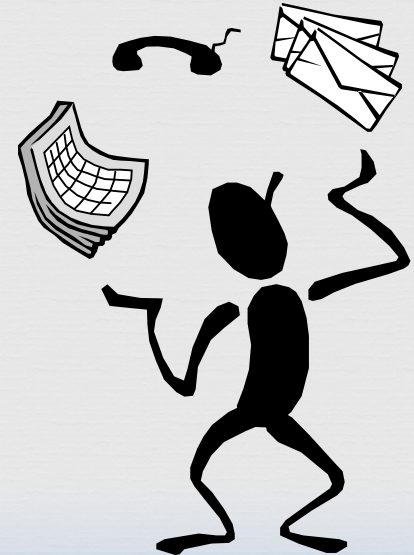
- ∞ The graduate **DOES NOT** need to forward or send ASBN the automatic notification e mail; ASBN receives automatic e mail notification as well.
- ∞ The graduate **DOES NOT** need to call or email and notify ASBN that their program director has verified completion of the program.



What does the graduate need to know?



- ❧ The graduate **DOES NOT** need to contact ASBN to see if their program director has verified program completion.
- ❧ They can check this via checking application status



How does the graduate access status link?



- ∞ The graduate receives an automatic email notification of application submission and the instructions for setting up a status link account is in the email.
- ∞ The portal to the status link is available on the ASBN website at www.arsbn.org

Screen shot next page

The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

Photo Gallery

10.16.2013

ASBN Centennial Celebration, White County Medical Ctr., Searcy, Oct. 16, 2013

[View Gallery >](#)

09.26.2013

ASBN Centennial Celebration, Northwest Health, Bentonville, Sept. 26, 2013

[View Gallery >](#)

Check Application Status

Online Services

APPLICATION

- Advanced Practice - Initial
- Advanced Practice - Endorsement from another state
- Advanced Practice - Prescriptive Authority - Initial
- Advanced Practice - Prescriptive Authority - Endorsement from another state
- Endorsement from another state
- Examination (other than Advanced Practice)

Change of Address
Check Status of Application
Duplicate License Orders
Exam Results
License Renewal
License Verification
Pay Civil Penalty Payment
Purchase Publications and Wall Certificates
Roster Download
Registry Search

Future of Nursing 2014 ASBN Continuing Education Workshop

2014 Dates & Locations

February 20

Baptist Health Schools, Little Rock

September 18

Southern Arkansas University, Magnolia

November 13

Northwest Arkansas Community College, Bentonville



Important Information

- [Calendar of Events](#)
- [Faith A. Fields Nursing Scholarship Loan Application - PDF](#)
- [Nurse Faculty Loan Repayment Program \(NFLP\)](#)
- [ASBN Update](#)
- [Medication Assistants](#)
- [Continuing Education Information](#)

**ASBN CE WORKSHOP
REGISTRATION -
Lighting the Way for the
Future of Nursing**

STATE BOARD OF NURSING

January 16, 2014 - Gov. Mike Beebe recently appointed two new members to the Arkansas State Board of Nursing. They are: Ramonda Housh, of Pocahontas, is a certified pediatric nurse practitioner,... [More](#)

[More News Releases](#)

Videos

Board of Nursing Complaint Process: Investigation to Resolution



What does the graduate need to know?



- ☞ The graduate **DOES** need to allow ASBN several weeks to process the application.
- This is from the date that the program director verifies program completion- not from the date they submitted the application.
 - Other variables may impact the length of time it takes ASBN to process an application (criminal background, failure to register with Pearson VUE)

What does the graduate need to know?



- ❧ The graduate should check the status of an application by accessing the ASBN website.
- ❧ An applicants status is not updated on a daily basis, but is updated when ASBN has information to provide.
- ❧ A temporary permit will not be issued nor eligibility to test approved prior to verification of program completion by the program director and clearance of background checks.

Important to note

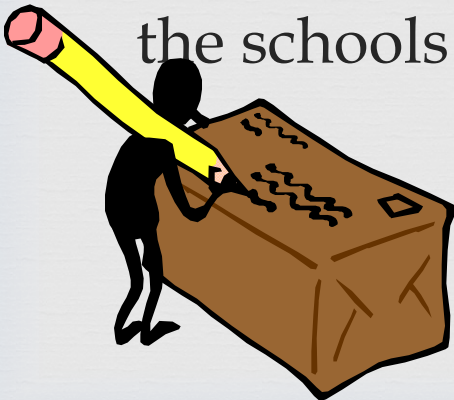


- ∞ An applicant can submit an application up to two months prior to completion of the program (no refunds if they do not pass the nursing program); verification of completion of the program cannot occur before a student has completed the program.
- ∞ Verification of completion of the program should be completed after the student is TOTALLY finished with program requirements.
 - Please do not delay as processing of an application does not begin until ASBN has received the automatic notification.

Important to note



✧ An official transcript **with the degree posted** must be submitted to the ASBN office prior to release of examination results and issuance of a permanent license. This must come directly from the school either electronically via SPEEDE or as a hardcopy on the schools security paper.



Transcript Requirements: Notes to Remember



- Applicant **CAN** be scheduled to test and deemed eligible without official transcript on file at ASBN.
- A permanent license is **NOT** issued without official transcript on file at ASBN.



Transcript Requirements: Notes to Remember

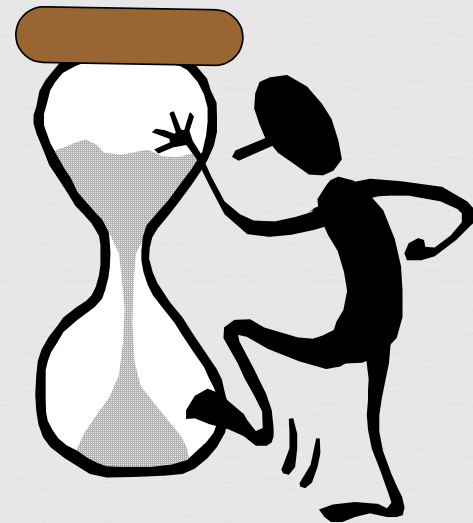


In accordance with the Arkansas State Board of Nursing *Rules*, a transcript **shall** reflect:

- Courses taken,
- Dates of admission,
- State of separation or graduation from the program,
- Hours/credits, units earned, degree, diploma, or certificate awarded,
- Signature of the program director, registrar or official electronic signature and
- Seal of the school or be printed on security paper or an official electronic document.

Temporary Permit: Notes to Remember

- New graduates are eligible for a temporary permit.
 - Expires in 90 days or as soon as the examination results are distributed.
 - **Temporary permit issued only within the first three months**
 - **(90 days) following program completion.**
 - Background checks must clear, and the graduate must register at the Pearson VUE Testing Service prior to issuance.
- Answers “yes” to screening questions or has a positive criminal background check will not receive a temporary permit or made eligible to take NCLEX until they have been cleared by ASBN staff.



Training Modules that are available



Training Modules are available on the ASBN website at
www.arsbn.org.

Click on Education/ Program Director and Faculty
Information.



Training Modules that are available continued...



Modules that are available

- Criminal Background Check
- Online Application for Licensure/Certification Training
- Program Director Verification
- State Licensure Process: Most Common Mistakes that Delay Processing
- What if an Applicant Marks “Yes” to a Screening Question